

Case Number:	CM14-0214682		
Date Assigned:	01/07/2015	Date of Injury:	05/06/2008
Decision Date:	02/20/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

44 yr. old male claimant sustained a work injury on 5/6/08 involving the low back, neck and shoulder. He was diagnosed with L4-L5 disc disease and sikh bulging. he underwent L4-S1 fusion in 2008. In additino he had a right shoulder strain with impingement syndrome and cervical radiculitis. He had sleep difficulties secondary to the pain. He had been on Norco for pain since at least 1/2014. A progress note on 11/3/14 indicated the claimant had continued pain and difficulty sleeping. Exam findings were notable for painful, restricted range of motion of the cervical spine and a positive compression test. The lumbar spine had spasms, limited range of motion and a positive straight leg raise test. Sensation was diminished in the C6-C7 dermatomes. The claimant remained on Norco for pain and Fexmid for spasms. A sleep specialist and sleep study were requested as well.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a year without significant improvement in pain or function. The request of Norco is not medically necessary.

1 sleep specialist consultation with sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia; Polysomnography

Decision rationale: According to the ODG guidelines, a sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The criteria for a sleep study include:"1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded."In this case, the claimant did not meet the criteria above. There was no documented history of 6 months of insomnia or daytime somnolence. The dyspnea on exertion may be due to obesity rather than apnea. The request for a sleep study and a sleep specialist consult is not medically necessary.